IA ETHICS AND CAMPAIGN DISCLOSURE BD.

CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization	Reset Form	FORM DR-1 (Rev. 04/2008) For Office Use (STATEMENT OF ORGANIZATION
*An initial Statement of Organization must be filed within 10 days of the organization must be filed within 10 days of the organization making expenditures, or incurring indebtedness exceeding \$750. Amend a change. Penalties may be imposed for late-filed Statements of Organiz committee that exceeds \$750 in activity for another office shall file within DR-1 disclosing information concerning the campaign for the new office states.	Iments must be filed within 30 days of zation. A candidate with an open 10 days either a new or amended sought.	Comm. # Indexed Audited Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include lowa County Central Committee	the candidate's last name in the name of	f the committee.)	
IMPORTANT: Indicate type of committee you are reporting for: 4 (1) Statewide/Legislative/Judge Standing for Retention Candidate (5) County Candidate (5) City Candidate (7) School Board or Othe (10) School Board or Other Political Subdivision PAC (11) Local B			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a ca	andidate's committee)
Name Sandra Cronbaugh	Tammy Kesterson		ur. File Tile.
MATERIA PARENUE	Mailing Address Avenue	"	
GWastertgot, nA 52509ode ↓↓	City State of the 5230 Gode + +		
Phone (319) 642-3567	Phone (319) 642-1233	A CARLESTON CO.	
e-Mail cronbaus@msn.com	tammywk72@aoi.co	m	
INDICATE PURPOSE OF COMMITTEE - Check One Box A Comment or description:	dvocate for/against candidate(s)	dvocate for ballot issu	e(s)
All Candidates Enter: Office Sought:	County/Local Candidates a	ivocate against ballot nd Local Ballot Com	issue(s) mittees Enter:
Political Party (if applicable)	County:		
District:		_	st of counties
Year Standing for Election:	Date of Election:		
Bank Account Name (must match committee name) Iowa County Central Committee	Candidate name & Address or P	arent Entity (PACs, i filliate, or Sponsor	f applicable).
lowa County Central Committee Name of Financial Institution/type of Account Farmers Trust & Savings Bank			f applicable).
lowa County Central Committee Name of Financial Institution/type of Account	↓ ↓ ↓ △	filliate, or Sponsor	Zip ↓ ↓
lowa County Central Committee Name of Financial Institution/type of Account Farmers Trust & Savings Bank Mailling Address	Mailing Address ↓ ↓ City ↓ ↓	filliate, or Sponsor	Zip ↓ ↓
lowa County Central Committee Name of Financial Institution/type of Account Farmers Trust & Savings Bank Mailing Address 510 Elm Street	Mailing Address ↓ ↓ City ↓ ↓	filliate, or Sponsor	Zip ↓ ↓
lowa County Central Committee Name of Financial Institution/type of Account Farmers Trust & Savings Bank Mailling Address	Mailing Address ↓ ↓ City ↓ ↓ Phone ()	filtiate, or Sponsor State ↓ ↓	Zip ↓ ↓
lowa County Central Committee Name of Financial Institution/type of Account Farmers Trust & Savings Bank Mailing Address	Mailing Address City	State ↓ ↓	Zip ↓ ↓
lowa County Central Committee Name of Financial Institution/type of Account Farmers Trust & Savings Bank Mailing Address	Mailing Address City Phone () e-Mail ffirms the following: lat they are subject to the laws in lows Cod losure reports and that the failure to file the landidate's committee) to the automatic ass the placement of the words paid for by an wishes to register a committee name for p	State State Grapters 68A and 68 se reports on or before acastment of a civil pen	Zip ↓ ↓ B and the administrative the required due dates alty and the possible
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